### STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## RECEIVED

PLEASE PRINT

JUL 2 4 2018

**NEW HAMPSHIRE** DEPARTMENT OF STATE

I. Name of Lobbyist(s)	LARRY AL	₩	DEPARTMENT OF ST		
II. Name of lobbyist's part	nership, firm or corporation, if a	ny:			
NATIONWIDE A	AUTUAL LUSURANCE. artnership, firm or corporation)	· •	PFILLATES		
78 Bex 558	STERRS	CT	olezle8		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)		
(Telephone)	(Eldo 231-215 (Fax)	e-mail alayla	nationwide. com		
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).					
All reportable transactions occurring in the months prior to the reporting date relative to the following client:					
WATTOURDE MUTUAL INSURANCE COMPANY AND AFFINATES (Full Name of Client as it appears on the Lobbyist Registration Form)					
<u>OR</u>	ns by the lobbyist (including the lob				
	ril 25, 2018  m date of registration to 3/31/18	July 25, 2018 Jactivity from 4/1/18 to 6/30/18	1		
Oct	tober 31, 2018	January 30, 2019 activity from 10/1/18 to 12/31	1/18		
	ees received and no reportable lete just this form and submit it to th				
VI. Check if additional rep	oorts are attached:				
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses					
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement					
<b>-</b>	ur family has made political contrib	utions, you must file Addendu	um C- Political Contributions		
Sworn Statement/Affirmat I have read RSA 15, RSA 13 and complete to the best of a	5-B, RSA 14-C and RSA 664 and h	hereby swear or affirm that the	_		
LAPRY ALAN (Print Name of lobbyist)					

# P L E A S E R N T

# STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

<del>-</del>	
. Name of Lobbyist(s) LARRY ALAN	
I. Name of lobbyist's partnership, firm or corporation, if any:	
VATRONWIDE MUTUAL INSURANCE COMPANY AND (Name of partnership, firm or corporation)	AFFILATES
(Name of partnership, firm or corporation)  II. Name of Client NATION OF DE NUTLEAL LUS LO. AND AFFILIA	ATESate JULY 23, 26
V. Fees Received  ndicate the gross amount of all fees received from the client identified above o lobbying, including fees for services such as public advocacy, government neluding research, monitoring legislation, and related legal work. The groeduced by any expenses:	that are related, directly or indirectly relations, or public relations servious fee amount reported shall not
Total of all fees received in this reporting period	a)s 1,764.00
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 3, 116. 00
) Total of all fees received to date (Add lines a and b)	c)\$ <u>4,880,00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
es. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example unch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this report in purpose not covered by (a) (for example: purchase of a meal with value eremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made may be filed for the lobbyist(s)/fix aggregate total of all expenses parenses; (b) the aggregate total of e: meals purchased during a busin is than \$10 that is given to the person d with a value of \$25.00 or less); a rting period of greater than \$25.00 we of greater than \$25, purchase or than \$25, but not greater than \$ expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	nsO,
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	s
	s
	\$
	s
	\$
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Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
Man	July 23, 2018
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	
(Print Name of lobbyist)	

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